

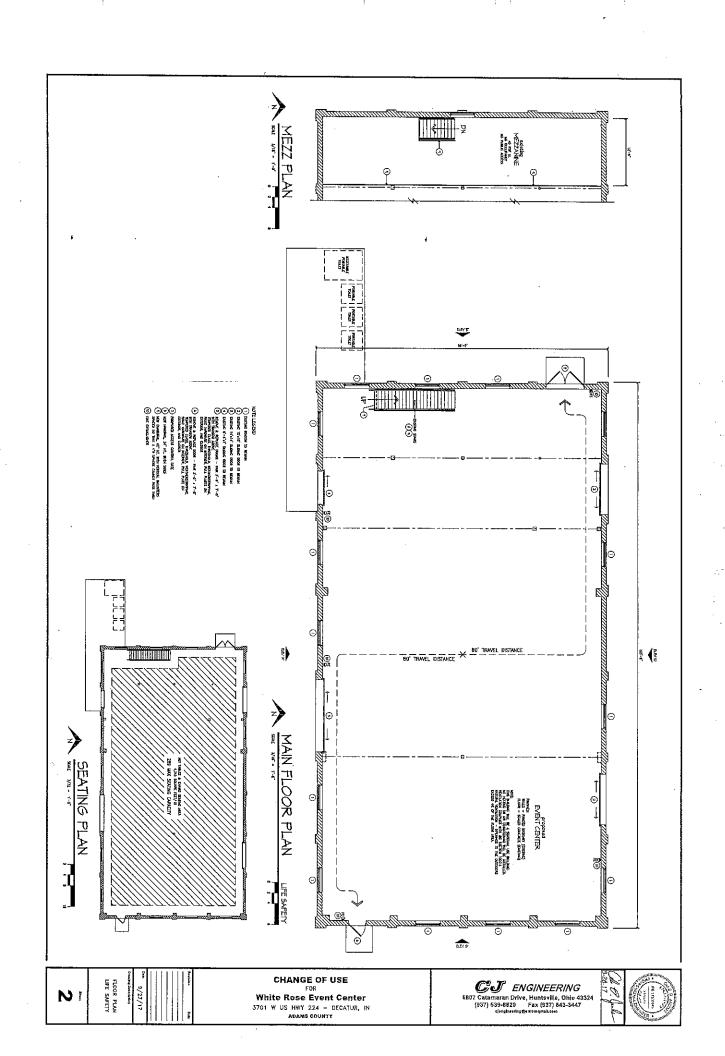
INDIANA DEPARTMENT OF HOMELAND SECURITY CODE SERVICES SECTION

302 West Washington Street, Room W246 Indianapolis, IN 46204-2739 http://www.in.gov/dhs/fire/fp_bs_comm_code/



INSTRUCTIONS: Please refer to the attached four (4) page instructions. Variance number (Assigned by department) Attach additional pages as needed to complete this application. 18-02-03 1. APPLICANT INFORMATION (Person who would be in violation if variance is not granted; usually this is the owner) Name of applicant Gregory A. Fleming Member Name of organization Telephone number White Rose Event Center, LLC (260) 724-7268 Address (number and street, city, state, and ZIP code) 50E 1000N, Decatur, IN 46733 2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by the applicant) Name of applicant Name of organization Telephone number Address (number and street, city, state, and ZIP code) 3. DESIGN PROFESSIONAL OF RECORD (If applicable) Name of design professional License number Cale D Jacobs PE11300149 Name of organization Telephone number CJ Engineering (937) 843-3447 Address (number and street, city, state, and ZIP code) 6807 Catamaran Dr., Huntsville, OH 43324 4. PROJECT IDENTIFICATION Name of project State project number County White Rose Event Center 395424 Adams Address of site (number and street, city, state, and ZIP code) 3701 W US Hwy 224, Deatur, IN 46733 Type of project ☐ New ☐ Addition Alteration □ Change of occupancy Existing 5. REQUIRED ADDITIONAL INFORMATION The following required information has been included with this application (check as applicable): A check made payable to the Indiana Department of Homeland Security for the appropriate amount. (see instructions) One (1) set of plans or drawings and supporting data that describe the area affected by the requested variance and any proposed alternatives. Written documentation showing that the local fire official has received a copy of the variance application. Written documentation showing that the local building official has received a copy of the variance application. 6. VIOLATION INFORMATION Has the Plan Review Section of the Division of Fire and Building Safety issued a Correction Order? Yes (If yes, attach a copy of the Correction Order.) Has a violation been issued? Yes (If yes, attach a copy of the Violation and answer the following.) ⊠ No Violation issued by: Local Building Department ☐ State Fire and Building Code Enforcement Section Local Fire Department

7. DESCRIPTION OF REQUESTED VARIANCE		,
Name of code or standard and edition involved	Specific code section	
2014 Indiana Building Code	675 IAC 12-6-3(a), 67	5 IAC 12-6-7(g)(17), 675 IAC 13-1-18
Nature of non-compliance (Include a description of spaces, equipmer No Fire Suppression System	nt, etc. involved as necessary.)	
8. DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, AND WELFARE WILL BE PROTECTED Select one of the following statements:		
Non-compliance with the rule will not be adverse to the public health, safety or welfare; or		
Applicant will undertake alternative actions in lieu of compliance with the rule to ensure that granting of the variance will not be adverse to public health, safety, or welfare. Explain why alternative actions would be adequate (be specific).		
Facts demonstrating that the above selected statement is true: The event center is a seasonal building with no HVAC capacity.	. No events will be held inside the buildin	ng which will exceed the 300 occupant
9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIGNIFICANT STRUCTURE		
Select at least one of the following statements:		
Imposition of the rule would result in an undue hardship (unusual difficulty) because of physical limitations of the construction site or its utility services.		
Imposition of the rule would result in an undue hardship (unusual difficulty) because of major operational problems in the use of the building or structure.		
Imposition of the rule would result in an undue hardship (unusual difficulty) because of excessive costs of additional or altered construction elements.		
Imposition of the rule would prevent the preservation of an architecturally or a historically significant part of the building or structure.		
Facts demonstrating that the above selected statement is true: The only water source is a well. There is no public water service available in Preble. The nearest point of public water is Decatur approximately 4 miles east.		
		* #**
10. STATEMENT OF ACCURACY		
I hereby certify under penalty of perjury that the information contained in this application is accurate.		
Signature of applicant or person submitting application	Please print name	Date of signature (month, day, year)
Augy & Hay	Gregory A. Fleming	11-15-17
Signature of design professional (if applicable)	Please print name	Date of signature (month, day, year)
11. STATEMENT OF AWARENESS (If the application is a	submitted on the applicant's behalf, the ap	plicant must sign the following statement)
I hereby certify under penalty of perjury that I am aware of this request for variance and that this application is being submitted on my behalf.		
Signature of applicant	Please print name	Date of signature (month, day, year)



Application for Variance – No Fire Suppression System
White Rose Event Center

Local Fire Official Receives a Copy of Variance Request

Signed: Och

Local Building Official Receives a Copy of Variance Request

Signed: Mark Wym

Date: // -/5-/7

Date: //-/5-/7